

MIAMI-DADE 5th Tier

Entity No. **609013-01**

Participation Agreement, Payroll Deduction Authorization and Service Request for Deferred Compensation Plan

PLEASE READ THE REVERSE SIDE OF THIS FORM BEFORE SIGNING BELOW

1. Personal Information

Social Security Number --Date of Birth --Sex ☐ M ☐ FName Last First MI☐ Check here if this is a name change.Address Number & Street Suite/Apt. No.☐ Check here if this is a new address.City State Zip Code Home Phone () Work Phone () Ext. Annual Salary \$ Date of Hire Occupation Work Address Payroll Center Phone: ()

2. Type of Request

☐ New☐ Reinstatement☐ Change

3. Deferral Summary

*Deferrals can start or increase no earlier than the first day of the month following the month this application is signed.*Deferral to begin on pay period ending date: OLDNEWDeferral Amount \$ \$ Special Amount \$ \$ **TOTAL DEFERRAL** \$ \$

4. Deferral Frequency

☐ Monthly (M)-12☐ Weekly (W)-52☐ Bi-Weekly (Z)-26☐ Semi-Monthly (X)-24☐ Other

5. Catch-up Provision Utilized:

☐ Yes ☐ NoSpecial Pay-Period Date Range:Start Date End Date

6. Funding Options -- only for new business or allocation changes (Must be in whole % and total 100%)

Risk Category	MUTUAL FUNDS	Risk Category	MUTUAL FUNDS
Stable Value <input type="text"/> %	NFV:04 Nationwide MoneyMarket Fund	High <input type="text"/> %	DFV:01 Davis Financial Fund A
Very High <input type="text"/> %	GBV:04 Gabelli Global Growth	High <input type="text"/> %	AFV:16 Europacific Growth Fund
Very High <input type="text"/> %	IVV:05 INVESCO Leisure Fund	High <input type="text"/> %	GBV:02 Gabelli Asset Fund
Very High <input type="text"/> %	JNV:06 Janus Enterprise Fund	High <input type="text"/> %	GBV:01 Gabelli Growth Fund
Very High <input type="text"/> %	JNV:05 Janus Global Life Sciences	High <input type="text"/> %	GBV:03 Gabelli Value Fund
Very High <input type="text"/> %	JNV:04 Janus Global Technology	High <input type="text"/> %	AFV:17 New Prospective Fund A
Very High <input type="text"/> %	JNV:03 Janus Mercury Fund	Moderate <input type="text"/> %	KMV:03 Kemper Contrarian Fund A
Very High <input type="text"/> %	JNV:02 Janus Twenty Fund	Moderate <input type="text"/> %	AFV:18 Washington Mutual Investors Fund
Very High <input type="text"/> %	VKV:01 Van Kampen Aggressive Growth Fund A	<input type="text"/> %	MUST TOTAL 100%

7. ☐ Check here if this is a change of beneficiary. Beneficiary designations on the NRS participation agreements for the Miami-Dade Employee Deferred Compensation Plan must be the same. There is an NRS participation agreement for the annuity funds and an NRS participation agreement for the 5th Tier Funds.

Beneficiary Name (Please Print) Date of Birth Relationship Contingent Beneficiary Name (Please Print) Date of Birth Relationship

I authorize my employer to reduce my salary by the above amount which will be credited to the Public Employee Deferred Compensation Plan. The reduction will continue until otherwise authorized in accordance with the plan. The withholding of my deferred amount by my employer and its payment to the designated investment option(s) will be reflected in the first pay period contingent on the processing of this application by the Plan Administrator in conjunction with the set-up time required by my payroll center. The reduction is to be allocated to the investment options in the percentages indicated above.

8. Signature of Participating Employee

I HAVE READ AND UNDERSTAND EACH OF THE STATEMENTS ON THE **FRONT AND BACK** OF THIS FORM, WHICH HAVE BEEN DRAFTED IN COMPLIANCE WITH THE APPLICABLE PROVISIONS IN SECTION 457 OF THE INTERNAL REVENUE CODE. I ACCEPT THESE TERMS AND UNDERSTAND THAT THESE STATEMENTS DO NOT COVER ALL THE DETAILS OF THE PLAN OR PRODUCTS.

PARTICIPATING EMPLOYEE'S SIGNATURE

DATE

ACCEPTED FOR THE EMPLOYER

FINANCIAL SERVICES REPRESENTATIVE SIGNATURE

REP NO.

SALES DIRECTOR NAME

SALES DIR. NO.

MIAMI-DADE 5th Tier EMPLOYEE DEFERRED COMPENSATION PLAN MEMORANDUM OF UNDERSTANDING

The purpose of the Memorandum of Understanding is to make you aware of the highlights, restrictions and cost of your plan. It is not intended to cover all specific details of the plan.

I understand and acknowledge the following:

1. The product and fund prospectuses were made available to me.
2. The total annual deferral amount to all 457 plans is the lesser of \$8,500 (as adjusted by the Secretary of the Treasury) or 33 1/3% of includible compensation. Deferrals in excess of that required by IRS regulations are not permitted and will be considered taxable income when refunded. I acknowledge that my total deferrals including 401(k), 403(b) or SEP plan contributions fall within the prescribed limits.
3. I MAY WITHDRAW FUNDS FROM THE PLAN ONLY UPON SEPARATION FROM SERVICE; AT AGE 70 1/2 (IF DEFERRALS HAVE STOPPED); UPON AN UNFORSEEABLE EMERGENCY APPROVED BY THE PLAN; OR I MAY TAKE AN IN-SERVICE WITHDRAWAL IF MY ACCOUNT VALUE IS \$5,000 OR LESS (AS ADJUSTED), I HAVE NOT DEFERRED IN TWO YEARS, AND I HAVE NEVER TAKEN AN IN-SERVICE WITHDRAWAL FROM THE PLAN. ALL WITHDRAWALS OF FUNDS WILL BE IN ACCORDANCE WITH INTERNAL REVENUE SERVICE CODE AND APPLICABLE REGULATIONS, SOME OF WHICH ARE EXPRESSED IN THE PLAN DOCUMENT.
4. I MUST NOTIFY NATIONWIDE RETIREMENT SOLUTIONS OF MY PAYOUT OPTION AND THE MONTH AND YEAR I WISH TO BEGIN MY DISTRIBUTION. I UNDERSTAND THIS NOTIFICATION MUST BE GIVEN WITHIN 30 DAYS FOLLOWING THE DATE THAT NATIONWIDE RETIREMENT SOLUTIONS IS NOTIFIED OF MY SEPARATION FROM SERVICE OR 30 DAYS FOLLOWING ATTAINMENT OF AGE 70-1/2, WHICHEVER IS EARLIER. I UNDERSTAND THAT IF I DO NOT NOTIFY NATIONWIDE RETIREMENT SOLUTIONS OF MY PAYOUT COMMENCEMENT DATE WITHIN THIS TIMEFRAME, MY PAYOUT DATE WILL AUTOMATICALLY BE DEFAULTED TO ONE HUNDRED AND EIGHTY (180) DAYS FOLLOWING THE DATE NATIONWIDE RETIREMENT SOLUTIONS IS NOTIFIED OF MY SEPARATION OF SERVICE. MY ELECTION DATE CAN BE CHANGED ONE TIME BUT ONLY TO A DATE WHICH IS LATER THAN THE DATE I ORIGINALLY SELECTED AND SUCH ELECTION CAN ONLY BE CHANGED IF MY BENEFIT PAYMENTS HAVE NOT ALREADY COMMENCED. MY PAYOUT OPTION CAN BE CHANGED AT ANY TIME PRIOR TO 30 DAYS BEFORE MY PAYOUT BEGINS.
5. My distributions must begin no later than April 1st following the calendar year I reach age 70-1/2. If I work beyond age 70-1/2, then my distributions must begin no later than April 1st following the year I separate from service or retire. All distributions are taxable as ordinary income.
6. Distributions will be made in a manner that satisfies the minimum distribution requirements of Section 457, which currently requires benefits to be paid over a period not extending beyond my life expectancy.
7. If I am receiving distributions on the required distribution dates specified in item 3, such distributions must satisfy certain minimum requirements. Failure to meet those requirements may result in the payment of a 50% excise tax.
8. I understand that all amounts deferred into the plan and earnings on the amounts deferred are held in a trust, custodial account or annuity contract for the exclusive benefit of the participants and their beneficiaries until such time as the deferred amount is made available to the participant or beneficiary.
9. I understand that all products are optional.
10. I understand I must defer a minimum of \$20 per month into the Plan to satisfy minimum plan requirements.
11. I understand that no changes will be effective until they are processed in the Deferred Compensation Service Center.
12. Participants enrolling or electing to increase 457 deferrals must provide includible compensation data acceptable to Nationwide Retirement Solutions and notify Nationwide Retirement Solutions of any subsequent decrease in includible compensation.

MUTUAL FUNDS

A \$15 administrative fee will be applied if you select one or more of the Mutual Funds.

INSTRUCTIONS FOR COMPLETION (by section number)

New participants – complete all sections.

Changes (name, address, increase or decrease in deferral amount) – complete all sections.

1. All personal information must be completed (provide employer/payroll center information if known).
2. Check the appropriate box.
3. Place amount of each deferral or portion to be applied to type of investment. The total of both the 5th Tier and the Core Plans cannot be more than \$8,500 (as adjusted by the Secretary of the Treasury) per year or 33-1/3% of includible compensation (normally 25% of gross income). If there is to be a SPECIAL amount deferred for a specific number of pay periods, note by designating the STARTING and ENDING dates for those pay periods and the appropriate amount of each deferral.
4. Frequency – Frequency is how often the entity is remitting. If frequency is changing, I will contact my Nationwide Retirement Solutions representative. Enter date of the first deferral.
5. In case of catch-up, the maximum is \$15,000 per year.
6. Indicate percent (%) of deferral to be applied to the various funding options. Make sure that the percentages and the dollar distribution in Section 3 agree. Must be in whole percentages and equal 100%.
7. Provide beneficiary information. If changing beneficiary, check the "Change Beneficiary" box. If not making a beneficiary change, leave this area blank.

Complete the balance of the form as indicated. Signatures are required; processing will be delayed if form is not signed.